

☐ Relocation ☐ Out of State

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I. D. NUMBER

SOCIAL SECURITY NUMBER

WORK TELEPHONE NUMBER

(916) 323-5401

POSITION

CB / ID NUMBER	
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DIVISION OR BUREAU

LOCATION CODE	
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Secretary

E99

Business, Transportation & Housing Agency

699

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

980 9th Street, Suite 2450

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

Sacramento, CA 95814

CLAIM TOTAL

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)

11. PURPOSE OF TRIP, REMARKS AND DETAILS (AT EACH RECEIPT / VOUCHERS WHEN REQUIRED):
 April 14 -- California/Mexico Border Relations Council Meeting. April 17 -- Meeting with Southern California Leadership Council Chair to discuss economic development and public private partnerships (3P).
 April 20 -- Meeting with San Diego Mayor Jerry Sanders. April 24 -- Attend California Foundation on the Environment and the Economy (CFEE) Roundtable Discussion on Goods Movement. April 27 -- Various meetings to discuss BTH initiatives and economic development. April 28 -- Global Conference Breakfast Roundtable and panel speaker at Milken Institute Global Conference.

12. NORMAL WORK HOURS	
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13. REGULAR DAYS OFF

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.F.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (blue ink only)

DATE _____

5,26,09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

DATE _____

SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

ADMINISTRATIVE SERVICES OFFICER